STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395880	A. BLDG: 00 B. WING:	05/11/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PHOEBE BERKS HEALTH CARE CENTER, INC. STATE LICENSE NUMBER: **167802**	**1 HEIDELBERG DRIVE** **WERNERSVILLE, PA 19565**

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F 0000	INITIAL COMMENT Based on a Medicare/Medicaid Recertification survey, State Licensure survey, Civil Rights Compliance survey completed May 11, 2023, it was determined that Phoebe Berks Health Care Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
F 0604 SS=D		F 0604		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0604 SS=D	Continued from page 1 483.10(e)(1), 483.12(a)(2) Right to be Free from Physical Restraints §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.	F 0604	1.For cited resident (R62) a proper "Restraint Assessment Form" was completed in Point Click Care for the monthly assessment that was missed and Physician order now reflects specific medical reason for its use and frequency. 2.Current residents and new admissions have the potential to be affected by the deficient practice. Facility will ensure that all resident behaviors will be evaluated before restraints are an intervention. 3.To ensure the deficient practice does not reoccur, the NHA and/or designee will educate center staff regarding the proper process for restraint use and restraint reassessment and to follow Physician order/task listing to remove resident 62's jumpsuit upon awakening and prior to breakfast. 4.The ADON and/or designee will audit 4 times a week for 4 weeks to validate that resident's (62) restraint is removed prior to breakfast.	Completion Date: **06/14/2023** Status: **APPROVED** Date: **05/19/2023**

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F 0604 SS=D	Continued from page 2 This REQUIREMENT is not met as evidenced by:	F 0604	5.Any trends will be reported to the QAPI committee for further action planning if warranted.	

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F 0604 SS=D	Continued from page 3 Based on facility policy review, clinical record review, and observation, it was determined the facility failed to ensure that use of a physical restraint was medically justified and failed to conduct an on-going assessment of a restraint for one of 21 sampled residents. (Resident 62) Findings include: Review of the facility policy entitled, "Restraint Policy," dated July 25, 2022, revealed that the interdisciplinary team would review and re-evaluate the use of all restraints ordered by physicians. The review would focus on the success or failure of the implementation of the plan, documentation, and recommendations for change if a problem was not resolved. The residents would be followed every 30 days or sooner until the restraint was eliminated or the least restrictive device was found to resolve the area of concern. Further review of the policy revealed that a physician's order must be obtained for use of a restraint and the order would indicate the type of restraint, the specific medical reason for	F 0604		

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F 0604 SS=D	Continued from page 4 its use, and frequency. Clinical record review revealed that Resident 62 had diagnoses that included moderate intellectual disability and depression. Review of the Minimum Data Set assessment dated May 4, 2023, revealed that the resident had cognitive impairment and required extensive assistance with dressing and toileting. On May 24, 2022, the physician ordered for staff to apply a jumpsuit to Resident 62 in the evening and remove promptly in the morning. The physician's order did not indicate the specific medical reason for the use of the jumpsuit. Review of the care plan revealed Resident 62 was at risk for behavioral symptoms. Interventions included for staff to apply a jumpsuit in the evening and remove it in the morning when the resident awoke. On May 10, 2023, from 8:00 a.m. through 10:15 a.m., Resident 62 was observed out of bed wearing a one piece jumpsuit that zipped down the back on the nursing unit. The jumpsuit limited his access to his own body and staff assistance was	F 0604		

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F 0604 SS=D	Continued from page 5 required to put on and take off the jumpsuit. Review of monthly restraint evaluation forms from December 2022 through April 2023, revealed that there was no documented evidence that the interdisciplinary team reviewed or re-evaluated the use of Resident 62's restraint to determine if it was the least restrictive device. 28 Pa. Code 211.8(e)(f) Use of restraints. 28 Pa. Code 201.12(d)(1)(5) Nursing services.	F 0604		
F 0641 SS=D		F 0641		

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F 0641 SS=D	Continued from page 6 483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by:	F 0641	1.Residents R52 and R62 had MDS modifications completed to correct the mentioned errors. 2.All residents will continue to have MDS assessments scheduled and completed accurately to reflect the resident's current status. 3.Education will be provided to the employees responsible for completing sections of the MDS. 4.The ADON and/or designee will conduct random audits of 3 residents a week for 4 weeks to ensure assessments are accurate. 5.Any trends will be reported to the QAPI committee for further action planning if warranted.	Completion Date: **06/14/2023** Status: **APPROVED** Date: **05/19/2023**

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F 0641 SS=D	Continued from page 7 Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessment was completed to accurately reflect the resident's current status for two of 21 sampled residents. (Residents 52, 62) Findings include: Clinical record review revealed that Resident 52 had diagnoses that included fracture left hip and anxiety. Section B of the MDS assessment dated April 6, 2023, indicated that the resident was not in a vegetative state and that the resident's hearing, speech, and vision should be assessed. The MDS indicated Resident 52's hearing, speech, and vision were coded as not assessed. In an interview on May 11, 2023, at 11:19 a.m., the Administrator stated that Resident 52's hearing, speech, and vision should have been assessed. Clinical record review revealed that Resident 62 had diagnoses that included moderate intellectual	F 0641		

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F 0641 SS=D	Continued from page 8 disability and depression. On May 24, 2022, a physician ordered for staff to apply a jumpsuit to Resident 62 in the evening and to remove promptly in the morning. On May 10, 2023, from 8:00 a.m. through 10:15 a.m., Resident 62 was observed wearing a jumpsuit that zipped down the back that restricted the resident's movement. Section P of the MDS assessment dated May 4, 2023, indicated that the resident did not use a restraint device. In an interview on May 11, 2023, at 11:25 a.m., the Administrator confirmed that Section P of the MDS indicated that Resident 62 did not use a restraint device.	F 0641		
F 0656 SS=D		F 0656		

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F 0656 SS=D	Continued from page 9 483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future	F 0656	1.Resident 75 and resident 88 care plans have been revised to address all pertinent areas. 2.A sweep of current resident "Care Area Assessments" will be completed, and revisions made to care plans as warranted. All residents' cognitive impairment and psychotropic medications will be reviewed and will be addressed on the comprehensive care plan . 3.Nursing staff will be educated on comprehensive care planning to ensure they are resident centered. 4.RNAC and/or designee will review 5 comprehensive care plans 3 times a week for 4 weeks. Corrections will be made at the time of discovery. ADON and/or designee to monitor cognitive impairment and psychotropic medication and ensure it is addressed on the care plan. 5.Any trends will be reported to the QAPI committee for further action planning if warranted.	Completion Date: **06/14/2023** Status: **APPROVED** Date: **05/19/2023**

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F 0656 SS=D	Continued from page 10 discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on clinical record review, facility staff interview, a [illegible] 28 Pa. Code 211.11(d) Resident care plan.	F 0656		
F 0688 SS=D		F 0688		

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F 0688 SS=D	Continued from page 11 483.25(c)(1)-(3) Increase/Prevent Decrease in ROM/Mobility §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:	F 0688	1.Resident 75 restorative ambulation program is in place according to therapies discharge summary. 2.Therapy will complete a sweep of all restorative ambulation programs that have been recommended after therapy discharge to ensure that the recommendations are documented and are in place. 3.Education will be provided to the nursing staff and therapy staff to ensure that recommendations are being handed off to nursing staff and implemented. 4.Therapy team lead and/or designee will complete weekly audits of 9 residents weekly for 4 weeks to monitor documentation and restorative ambulation programs are implemented. 5.Any trends will be reported to the QAPI committee for further action planning if warranted.	Completion Date: **06/14/2023** Status: **APPROVED** Date: **05/19/2023**

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F 0688 SS=D	Continued from page 12 Based on clinical record review and staff interview, it was determined that the facility failed to provide services to increase range of motion and/or prevent further decrease in range of motion for one of 21 sampled residents. (Resident 75) Findings include: Clinical record review revealed that Resident 75 was admitted to the facility on February 10, 2023, with diagnoses that included Parkinson's disease and difficulty in walking. The Minimum Data Set assessment dated April 3, 2023, indicated that the resident was cognitively impaired and required extensive assistance from staff for activities of daily living, such as transferring, moving in bed, and dressing. A physical therapy discharge summary dated April 27, 2023, noted that staff were to implement a restorative nursing program for ambulation of 25 to 100 feet. There was a lack of documentation to support that the physical therapist's recommendation for a restorative walking program was implemented for Resident 75.	F 0688		

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F 0688 SS=D	Continued from page 13 During an interview on May 11, 2023, the Therapist confirmed that there was no documentation that the restorative walking program for Resident 75 was implemented. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.	F 0688		

Certified End Page

PHOEBE BERKS HEALTH CARE CENTER, INC.

STATE LICENSE NUMBER: 167802

SURVEY EXIT DATE: 05/11/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY